

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 991 Office of Registrar of Vital Statistics. Ward 2²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret E. Bramer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 20 Years, 11 Months, ✓ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 617. S. Wolf St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, St. Charles Cemetery

Date of Burial, July 8th

Undertaker, Mr. Nicolous Thomas B. Evanson M. D.

Medical Attendant.

Place of Business, 1715 Alameda Address, 22 Larchmont Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 992 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 6th 1887

Full Name of Deceased, Wilhelmina Koning
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 6 Years, 6 Months, — Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, —

Birth Place, Bachus, Md.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1129 St. Francis Ave.
{ Give Street and Number. }

Cause of Death, Cholera Infantum
Congestion Lungs
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 3 d.

All the above information should be furnished by the Physician.

Place of Burial, Beth Cemetery

Date of Burial, July 7/87

{ Undertaker, Denny & Mitchell M. D.

{ Place of Business, 1201 N. Fayette Address, 736 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

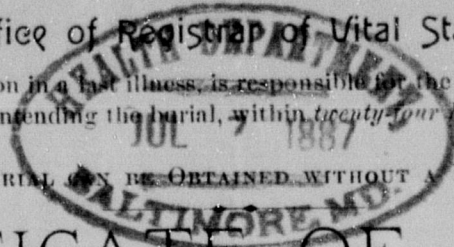
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. A 993 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.



NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, July 6th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia P. Halbring
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 4 Years, 24 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, XXX
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City
Duration of Residence in the City of Baltimore, Lifetime ✓
Place of Death, { Give Street and Number. } 1243 Jackson St
Cause of Death, { First (Primary), Cholera Infantum }
{ Second (Immediate), }
Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel
Date of Burial, July 7. 1887
Undertaker, H. Hofmann Medical Attendant, James E. Dornille M. D.
Place of Business, 211 N. E. 1st St, Address, 1701 E. Baltimore St

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 994 Office of Registrar of Vital Statistics. Ward 19²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Wednesday 6th July

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Schaub

Sex, Male or Female, { Cross out the word not required in this line. } Otto Schaub

Age, 2 Years, 8 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Balto. Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1325 N. Balto. St.

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 7th 1887

Undertaker, S. M. Leonard & Son M. D.

Place of Business, 782 W. Balto. Address, 1209 N. Mayfield St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 995 Office of Registrar of Vital Statistics. Ward 7^a

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. *a*

Date of Death, July 7, 1887

Full Name of Deceased, *Write legibly and spell correctly. If an Infant not named, give names of parents.* Katie Riley

Sex, Male or Female, *{ Cross out the word not required in this line. }* Female

Age, — Years, Seven (7) Months, Eight (8) Days.

Color, White

Married, Single, Widow or Widower, *{ Cross out the words not required in this line. }* Single

Occupation, —

Birth Place, *{ State or country, and how long in the United States, if of foreign birth. }* Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, *{ Give Street and Number. }* No. 1616 Chew St

Cause of Death, *{ First (Primary), Second (Immediate), }* Cholera Infantum
Convulsions

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 8, 1887

{ Undertaker, Frank. Coach } Wm. H. Cleudine M. D.

{ Place of Business, 823 N. Durham } Address, No. 418 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

HEALTH DEPARTMENT-BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 996 Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6/87

Full Name of Deceased, Frederic Matlett
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 2 / 1 Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, _____

Birth Place, Balto.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 353 Ponant st.
{ Give Street and Number. }

Cause of Death, Enteric - Colitis
Paralysis.
5 days
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Reb Shalom Cemetery.

Date of Burial, July 8th 1887.

Undertaker, Edmund P. M. D.

Place of Business, 1000 E. Balto St. Address, 208 Carey with st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 997

Office of Registrar of Vital Statistics.

Ward

20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Goldie Peacock

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Bath

Duration of Residence in the City of Baltimore, 1/2 yr

Place of Death, { Give Street and Number. } 1118 Laurel St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cent

Date of Burial, July 7 1887

Undertaker, Evans & Spence

Place of Business, 1000th Battery Address, 1437 Orleans

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 998** Office of Registrar of Vital Statistics. Ward **18th**

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CERTIFICATE OF DEATH.

Date of Death, **July 8th**
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Ida Mary Minter**
Sex, **Male** or Female, { Cross out the word not required in this line. }
Age, **2** Years, **10** Months, **18** Days.
Color, **White**
~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. } **Single**
Occupation, **None**
Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore, Md**
Duration of Residence in the City of Baltimore, **Life**
Place of Death, { Give Street and Number. } **1159 Washington Ave**
Cause of Death, { First (Primary), Second (Immediate), } **Chorea Infantum**
Sparrow
Duration of Last Sickness, **One week**

All the above information should be furnished by the Physician.

Place of Burial, **London Park Cemetery**
Date of Burial, **July 7th**
Undertaker, **Jos. Goerdons & Son**
Place of Business, **210 N. Schroeder** Address, **A. L. Speed** M. D.
803 B St Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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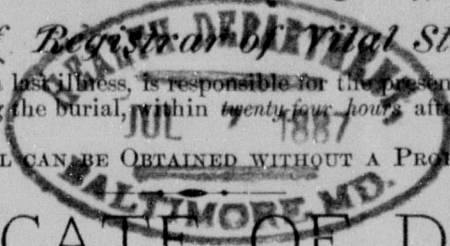
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 999 Office of Registration of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Kelly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, 6 Months, a Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltr

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1032 W. Pratt

Place of Death, { Give Street and Number. } 1032 W. Pratt

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy cross

Date of Burial, July 8th

Undertaker, J. J. Brown Edw J. McMichael M. D. Medical Attendant.

Place of Business, 201 Hollister Address, 707 W Lombard

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1000 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, July 5th 87
Full Name of Deceased, Mary E Richter { Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Female or Male, { Cross out the word not required in this line. }
Age, 34 Years, _____ Months, _____ Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓
Occupation, _____
Birth Place, Balt. Md. { State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, during lifetime
Place of Death, 1415 W. Pratt { Give Street and Number. }
Cause of Death, Chronic Disentery
Peritonitis
{ First (Primary), _____ Second (Immediate), _____ }
Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery
Date of Burial, July 8th 1887
{ Undertaker, Geo B Cook } Louis H. Horn M. D. Medical Attendant.
{ Place of Business, 1003 W Baltimore } Address, cor Mulberry & Myrtle

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[OVER]